



Fundraiser Authorization

School: _____

Date of Fundraiser: Beginning: _____ - _____ - _____ Ending: _____ - _____ - _____

Fund/Account Name: _____

Current Balance of Fund Account: \$ _____ as of _____ - _____ - _____

Proposed Fundraising Activity: _____

Purpose of Fundraiser: _____

Expected Student Involvement:

School Wide

Specific School Organization (specify) _____

Margin of Profit (if applicable) \$ _____

Method by which schools receive profit: check all that apply

Cash

Donors Choose

Check

Other (specify): _____

Requested by: _____
Name/Title

Date: _____

Approved by: _____
Principal

Date: _____

Approved by: _____
Director of Schools

Date: _____

All fundraisers have to be approved by the principal and director of schools prior to the fundraiser taking place.